# PLEASE VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Rural St. Michaels (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 12 Y.P.S.  Hospital, institution, or street address where death occurred:	Street No.  City or town Rural, St. Michaels  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
3. (a) FULL NAME	
	3. (b) Social Security Number
Elizabeth Sequine Alden  4. Sex   5. Color or race   6. (a) Single, married, wildowed, or divorced	none
	MEDICAL CERTIFICATION
female white widow	20. DATE DF DEATH. June 27 1948 .29:30P
6.(b) Name of husband or wife. John Alden  6.(c) If alive, give age. years  7. Birth date of deceased (mo., day, yr.) Sept. 21, 1865	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 23 19.48 to June 27 19.48 and that I last saw her. alive on June 27 19.48
8. AGE: Years Months Days If less than one day	Immediais cause of death
82 9 6hrsmln.	Chronic Myocarditis 5 year
8. Birthplace Staten Island, N.Y. (Town, county, and state)  10. Usual occupation House wife	Due to
11. Industry or business	Ditter conditions Chronic Nephritis 3 year
12. Name John J. Sequine 13. Birthplace Staten Island, N.Y.  14. Maiden name Cornelia Veil 15. Birthplace Poughkeepsie, N.Y.  18. Informant Mrs. Frank O. Grattan	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
	Antopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address St. Michaels, Md.  17. Burial Date thereof June 29, 1948.  (Burial, cremation, or removal, Which?)  Cemetery or crematory Maravian Cemetery	22. VIOLENCE: If death was due fo external causes, fill in the following;  Accident, suicide, or homicide
Location Staten Island, New York	Injured at home, farm, industry, public place (where?)
18. Funeral director. Newnam & Harrison	Msens of Injury Injuryd at work?
Address St. Michaels, Md.	23 SIGNATURE Kakert H. Brink M.D.
19. June V8 18 48 Mis Polit L. Sett. Registrat	Address St. Michaels Md. Date signed 6/28/48



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(Date reg d by registrar)

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## Reg. Dist. No. 290

#### CERTIFICATE OF DEATH

treet No(If	rural, give LOCAT	ION)	
(a) ti veteran, name war			
	3. (	b) Social Securit	y Number
MEDI	CAL CERTI	FICATION	E
D. DATE OF DEATH 9 June		10 44	1/2
1. I CERTIFY that death occurred on			
1. I CENTIFY that death occurred on	19 48	10 8 Ju	ne 19 4
nd that I last saw h	90		19 4
mediate cause of death	- 1/		DURATION
5	~ 8		81
	Δ		
10 Portoses	stive	Remork	e Bla
10 Oberation for to	iro-ovario	Lemont.	al st
T U			
ther conditions			
(Include pregnance	within 3 months	of death)	0 40 -
		Pelve	
weeke will lo	all some of	Beate of op	8 June 7
utopsy results	W of D	Co.61	<u> </u>
	V		e statistically.
2. VIOLENCE: It death was due to			
coldent, suicide, or homicide			
fhere did injury occur?(Cit;	or town)	(County)	(State)
njured at home, farm, Industry, publ	c place (where?) .		
		injured at work?	

1. PLACE OF DEATH: Hospital, Instilution ar street address where death occurred: 3. (a) FULL NAME 7. Birth date of deceased (mo., day, yr.) tt less than one day 8. AGE: (Town, county, and atate) 10. Usual occupation..... 11. industry or business 13. Birthplace Address Date thereot. (Burial, cremation, or removal, Which?) Cemetery or crematory. Address

JUN 15 1948

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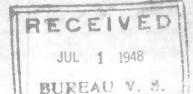
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

#### 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother). State. (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address aftero death occurred: Street No. (If rural, give LOCATION) How long in hospital or institu 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 20, DATE OF DEATH 6.(b) Name of husband or wife...... 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: Years Daya If less than ooo day 9. Birthplace. 10. Usual occupation.... 11. Industry or business (Include pregnancy within 8 months of death) Major findings of operations..... 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causea, fill in the following; (month) Date theregic (day) Accident, sutcide, or homicide..... (Burial, cremation, or remove Where did injury occur? ..... (City or town) (County) Injored at home, farm, industry, public place (where?) ..... Means of injury Injured at work? 18. Funeral directo (Date red d by registrar)



The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6525

#### CERTIFICATE OF DEATH

2 USUAL RESIDENCE (HOME) OF DECEASED.

or Dist. No. 290

County	(For newborn infants give residence of mother)  State County County County City or town County County County City or town City or town limits, write RURAL and give nearest town)
Mangrial Hosp, j Easton Md.	(Ifrurai, give LOCATION)
How long or hospital or institution?	2.(a) It veteran, name war
MRS. Margaret E. Boyle	3. (b) Social Security Number
4. Sex S. Coffe or race 8.(a) Single, married, widowed, or divorced W. Muried	MEDICAL CERTIFICATION  20. DATE OF DEATH OUNCE 8 19 48 9 48 19 19 19 19 19 19 19 19 19 19 19 19 19
6,(b) Name of husband or wife MR Charles 2. Boyle  anual 9, 188   6,(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth/gate of deceased (mo., day, yr.) Jan., 9, 1880	and that I ast saw h alive on forms 18 4 P.  Immediate cause of death Respiration ouration
8. AGE: Years Months Days' If less than one day 4 30hrsmin.	
3. Brimpace Mayland (Town, county, and atate)	Dus to. Throw borns of the basilar Shay
10. Usual occupation. House work	Oue to Retulo - se lusari (?/
11. Industry or business    12. Name   Patrick Egan     13. Birthplace   Seland	Other conditions My fee from my consis in colon dicen
	(Include pregnancy within 3 months of death)  Major findings of operations.
14. Maiden name Bridgett Dempsey  15. Birthplace Deland	-J
Address Queen anne mariland.	PHYSICIAN: Please moderline the caose to which death should be charged statistically.
17. (Burial, cremation, or rimbys) (Which?)	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Jacks 1 Second	Injured at home, farm, Industry, public place (where?)
Address Centrevelle Maryland.	23. SIGNATURE / fusha Nami an h. 2
19. 6/9 1948 n. H. neerus	M. D. or other May land Bate signed & frame 48

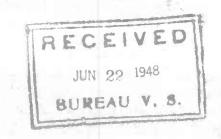


JUN 15 1948

	ATE OF DEATH  Reg. Diat. No. 290
1. PLACE OF DEATH:  County.  City of town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
6. (b) Name of husband or wife	MEDICAL CERTIFICATION  20. DATE DF DEATH. 21 21. I CERTIFY that death occurred so the date above stated; that I attended deceased from 18.4 to 2 19.  years and that I last saw h. 22 alive on 18.4 to 19.
8. AGE: Years Months Days If less than one day  8. Birthplace (Town, county, and state)	Immediate cause of death DURATI
10. Usual occupation frames  11. Industry or business	Due to gen lest the yes
12. Name la gustin banno 13. Birthplace Capaline 60. Md	Other conditions.
14. Maiden name La visia Flatino  15. Birthplace Carolinolo Md	(Include pregnancy within 3 months of death)  Major findings of operations
16, Intorman Address,	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Cemetery or crematory Rules	Bato of
Location Location	Injured at home, tarm, Industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director Musical Marchand	22 SIGNATURE la Former lus
19. 6/13. 19.48 MA Messey. (Date roo'd by registrar)	istrar Address End Cad Date signed 6 - 14

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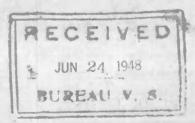
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County.	State Marchan County Free and
(If outside city or town limits, write RURAL and give nearest town)	0-1-01
How long in above place of death? 12 days	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Inewares Hazetal	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Coursey, Jely	7
4. Sex S.Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Black widowed	20. DATE DE DEATH 17. Decre 19. 48. 21. 12: 15.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5 June 19 48 10 17 June 19 48
7. Birth date of	and that I last saw h. Mr. alive on 16 frame 19 19
deceased (mo., day, yr.) march 4, 1882	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Pulus avage Tubes en Rani 3 ma
67 3 13nrs. min.	
H. Phishala Kallet, Ca Mid	2.4.
9. Sirthplace Michaela, Jallot a MA (Towa, county, and state)	Uve to
10. Usual occupation daloul	8.1.
11. Industry or business 1	Due to
	All - Wile -
H = H + H + H + H + H + H + H + H + H +	Other conditions
10 10	(Include pregnancy within 3 months of desth)
14. Maiden name Alla Brown  15. Stribblace Tallot, County	Major findings of operations
2 15. 8 ortholoce Talbot County	Date of op.
18 Informant Gertrude Johnson niece	Autopsy results.
7-11-10	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
Address same (controvelle, me)	22. VtOLENCE: If death was due to external causes, fill in the following:
17 Buriel Dale thereof time 19748	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Assistant subtest of memoral and memoral a
Cemetery or crematory	Where did injury occur?
Location Centerville Not	Injured et home, farm, Industry, public place (where?)
Source & Alenny	Meens of Injury Injured at work?
18. Funeral director Control of the	1 60/ 1.0
Address Children Voo	23. SIGNATURE M.D. or other
19. 6/18 19 48 //JV, Verus	Caipen Many Count 2 kms xx
(Date rec'd by registrar) Registrar	Address. Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



9 Tan # 3. Tiela 9154 MARYLAND STATE DEPARTMENT OF HEALTH 5/19/53 DmR. 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn Infants give residence of mother) on carefully. Hospital, institution, or street address where death, occurred: (If rural, give LOCATION) information of death clea How long is hospital or institution?... 3. (a) JULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING FOR T. Birth date of deceased (mo., day, yr.) DURATION If less than one day MARGIN RESERVED 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name. especially PLAINLY, is especially PHYSICIAN: Please moderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide,..... (Burial, eremation, or removal, Which? Where did injury occur? .....(City or town) SE WRITE Cemetery or crematory .... injured at home, farm, industry, public place (where?) ..... Location ..... injured at work? 18. Funeral director Address (Date nec'd by registrar)

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coise specially important. Physicians: please write the causes of death clearly and legibly.

The correct age

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# MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

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Dan	Dist	No	ol	70

6529

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)  State. MARMAND. County. TALLO.  City or town. (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number  MEDICAL CERTIFICATION ED T
S.(b) Name of Ausband or wife. Man. Cla Dillon  6.(c) If alive, give age	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48 to 6 18.48
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION  Alphables of Malues Masses: 427
9. Birthplace (Town, county, and atate)  10. Usual occupation Meture of the control of the contr	Due to.
11. Industry or business 12. Name James Dillow  12. Name James Cullow	Other conditions Dy Justes phoed furtile 42,  (Include pregnancy within 8 months of death)
14. Maiden name Burannie Culloway  15. Birthpiace Delaware  16. informant - Staspelal Records	Major fiudiugs of operatious
Address  17. Bread Date thereof (day) (year)  18. Constant of the control of the	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location	(City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address  19. 6 19 19 48 N. J. A. Derister	23. SIGNATURE ALL Succession M. D. or other  Region of 19 48

JUN 24 1948

#### MARYLAND STATE DEPARTMENT OF HEALTH 1700

2411 N. Charles St., Baltimore

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 295
1. PLACE OF DEATH CO.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants giva residence of mother)
City or town	State / County / all fall for the county / all fall fall for the county / all fall fall for the county / all fall fall fall fall fall fall fal
How long in abuse place of death? 2.3 M.	City or town (If cyside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Wirural give LOCATION)
How long in hospital or institution? 23 km	2.(a) It feleran, name war
Mr John Thomas Elms	3. (b) Social Security Number 191-16-9110
Male White Married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF OFATH Serve 17 - 1948 214
5.(b) Name of husband or wife Priss. Esther Elms	21. I CERTIFY that dead occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) November 17, 1925	Immediale cause of death OUR
8. AGE: Years Months Days If less than one day	
72 //hrsmin.	That well Mull
9. Birthplace Julbal County (Fown, county)	Que to Mista accident
10. Usual occupation. Buch - Layer	Due to.
11. Industry or business	
12. Name Paul Elms 13. Birthplace Talliot County	Other conditions
# 14. Maiden name allerta Thomas	(Include pregnancy within 3 months of death)
14. Maiden name allecta Thomas  15. Birtholace Tallot County	Major findings of operations.
B Partle Paller Inte	Antopsy results.
2 - 2 . 1	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
Address Caston, Maryland.	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or remove) Which?)	Accident, suicide, or homicide.
Cemetery or cramatory Spring July	Whera did injury occur? M (Olty or town) (Sounty) (State)
Location Zastan b	Injured at home, farm, Industry, public place (where?) public lii-u.
Mange E. Welonay +M.	Meens of Injury autocaident Injured at work? Musey
18. Funeral director.	1 116000
Address Easton : 100	23. SIGNATURE Louis Sithety M.O. S. M.
19. (Data rec'd by registrar)	Address Caston Drid Date signed 6 17

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UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly.

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JUN 24 1948

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6531

#### CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ch. Michaels. Ma.	State Margland County Jakou
City or town (If outside city or town limits, write RURAL and over nearest town)	City or town St Michaels, hid
How long in above place of death?	(If outside city or sewn limits, write RURAL and give nearest sown)
	(If rura, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Walter fields	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male c	20. DATE OF DEATH JAMES 26 19 4/F at BP
B,(b) Name of hueband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	June 25 19 48 10 June 26 1946
T. Birth date of deceased (ma., day, yr.) Secure 25 1948	and that I last saw hatch alive on
8. AGE: Yeare   Months   Daye   If less than one day	Immediate cause of death DURATION
	f College and the college and
9. Birthpiace St. Michaels Md.	Due to
(2041), 60410) (414	
10. Usual occupation	Due to
11. Industry or business	
12. Name Camelon Soy 13 ans T	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name A Sin Unit Fields  15. Birthplace Maryland	Major findings of operations
∑ 15. Birthplace	Date of op.
16. Informant	Autopsy results
Address 2. Plumain, 1944	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?)  (Burlal, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Coloned Cemetery	Where did injury occur?
Location St Michaels Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Morel	Meens of Injury Injured at work?
Addreee	blailing of Timble M.D.
2010-	23. SIGNATURE M. D. or other
19. June 26 18 48 hus. Rolet, Kelly	Addrees Zas Dour Ma. Date signed 6. 24/4

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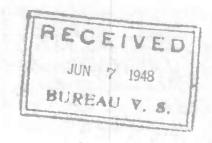
MARYLAND	STATE	DEPART	MENT	OF	HEALTH
	2411 N. Ch	narlea St.,	Baltimore	•	93

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#### CERTIFICATE OF DEATH

Reg. Diat. No. 247

City or town (If outside city or town limits, write RURAL and give searces town)  How long in above place of dealth?  Hospital, institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town)  Street Ro
3. (a) FULL NAME William Fields	3. (b) Social Security Number
1. Sex   5. Color or race   6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION  20. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death accurred on the date above stated: that I detended deceased from  18 48
deceased (mo., day, yr.) del. 2) 3 / 8 / 8  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
8. Sirthpiace (Town, county, and state)	Due to. 3layo
10. Usual occupation Lahouse	Due to nyocarletas barre
11. Industry or business  12. Name  12. Name  13. Birtholace  14. Maiden name  15. Birtholace  15. Birtholace  16. Carlot  17. And  17. And  18. And  19. An	Other conditions (Include pregnancy within 3 months of death)  Major findings of operations.
18. Informant Pharetta Free	Actopsy results
Address  17  (Burial, cremation, of removal. Which?)  Date thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, sutcide, or homicide
Cemetery or crematory Champersoula	Where did injury occur?
Location Tear State of the Control o	Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director of the state of the sta	23. SIGNATURE DOELLO COSS  M. D. & other  Address  Date signed 44/48
(Date rec'd by registrar) Registrar	Address



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

The correct age

information carefully. The of death clearly and legible

PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes

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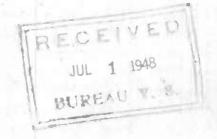
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les St., Baltimore 94

#### CERTIFICATE OF DEATH

er. Diat. No. 296

	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME & Hallace &	3. (b) Social Security Number 2117-10-8681
4. Sex 5. Color or age 8. (a) Single, married, widowed, or divorced market market	MEDICAL CERTIFICATION  20. DATE OF DEATH  20. DATE OF DEATH  20. 19. 48. 11. 0 2 1
B.(b) Name of husband or wife Slab Salas Slab Slab Slab Slab Slab Slab Slab Slab	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Aug 5 1897  8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthpiace lea which the	myoradial Anfarction 2 hoses
9. Birthpiace (Town cooply, and state)  10. Usual occupation Electrical and state)	Due to.
11. Industry or business  12. Name Joshu  13. Birthpiace & ambringe Tha	Dther conditions
14. Maiden name La mily Husley  15. Birthplace le analyzage Mas.	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Days And Doslin	Aotopsy results
Address  17. (Burial, cremation, or remove). Which?)  (mg/th) (gp?) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory Assistant All	Where did injury occur?
18. Funeral director Maurie to Deconard Lon	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address Caston md	23. SIGNATURE B. M. D. or other
19. 6/27 1848 My Pagistrar) (Dake ree'd by registrar) (Dake ree'd by registrar)	Address Laston med Date signed



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

6534

#### CERTIFICATE OF DEATH

Reg. Dist. No. 24 Y

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
V	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Evlen	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Neero Widowen	20. DATE OF DEATH AME 3 19 48 21 7/A
6.(b) Name of hueband or wife Doya Green	21. I CERTIFY that death occurred on the date above etated: that t attended deceased from
6.(c) If alive, give ageyears	19 to
7. Birth date of deceased (mo., day, yr.) Aug 16 1895	and that I fast aaw halive on
8. AGE: Years   Monthe   Daye   If lese than one day	Immediate cause of death
52 9100108 hrs. min.	Corner occusion om
9. Birthplace	Due to
10. Usual occupation Farmhand	Oue to
11. Industry or business Farm,	
12. Name WILL'S Johnson  13. Birthplace / YATTOE 121.Co. Md Compl	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name LOUY & K. Green  15. Birthplace / rappe / a/. Co Marken	Major findings of operations
	Date of op.
16. Informant Samble Green (KD)	Autopsy results
Address Trappe, 1al. Co. 1914	22. VIOLENCE: If death was due to external causea, fill in the following:
(Burial, cremation, or removal Winch?)	Accident, aulcide, or homicide
Tratama across	Where did Injury occur?
The state of the s	
Location X 7726	Tingular at nome; fath, (nauct), pas c piace (motor)
18. Funeral director Mixhery M. Stylark	Meane of Injury Injured at work?
Address familiaristas film.	23. SIGNATURE & axis ). Multy mi DNZ
19 June 1- 1948 Joughatton	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed D Date signed D



The correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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6535

#### CERTIFICATE OF DEATH

Reg. Dist. No. 290

City or lown. The County of th	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhoru infants give residence of mother)  State. Messey of the County
3. (a) FULL NAME	3. (b) Social Security Number
800 - Louise Helland	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION EDT
Temale black Single	20. DATE DF DEATH. 12 June 19 48 21 1 22 M
6,(b) Name of husband or wile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	19 10 6
7. Birth date of deceased (mo., day, yr.) Abril 16, 1948	and that I last saw h
8. AGE: Yeare   Months   Days   If less than one day	Immediate cause of death. DURATION
9. Dirthplace Preston, Caroline Co, Maryland	Bue to asperation fort
O . A (lowb, county, and state)	DUE TO
10. Usual occupation	Due to.
11. Industry or business	, h
12. Name Charles & Holland	Other conditions address insuffling
\$ 13. Birthplace Preston, maryland	(Include pregnancy within 3 months of death)
# 14. Maiden name Collen Louise Mright	Major fiadings of operations.
15. Birthplace Herlock, maryland	major namugs et operatieux.  Date of op.
16 Informant Charles & Holland - Lather	Autensy results. One at the
Address RFD #2 Box # 105 Preston, marylas	HYSICIAN: Please underline the cause to which death should be charged statistically.
h i med	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof. (month) (day) (year)	Accident, euicide, or homicide
Cometery or crematory Yashington Colored Content	Where did injury occur?
Location Hear Herbode Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director & & Frankton and Son	Meene of Injury Injured at work?
Address La Levelsburg Keryfand	Collected 1 1 contracted
61 - 10/ 10/ 10	23. SIGNATURE M. D. or other
19. Onte ref d by registrar)  (Date ref d by registrar)  (Registrar	Address Mineson for Date signed 5. 13. 75



#### Reg. Diat. No. ...

Talbot

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Talbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town BOZMAN (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death Life	State Maryland County Talb  City or town. (If outside city or town limits, write RURAL
Nospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) it veteran, name war
3. (a) FULL NAME	3. (b) Socia
John A. Holland	
4. Sex   5. Color or race   8.(a) Single, married, widowed, or divorced male   colored married	MEDICAL CERTIFICAT
6.(b) Name of husband or wife Ida F. Holland  6.(c) If alive, give age 63 years	21. I CERTIFY that death occurred on the date above stated; that I a May 3,
deceased (mo., day, yr.) June 16, 1879	Immediais cause ol death.
8. AGE: Years Months Days It less than one day 27	Chronic Myocarditis
8. Birthplace Bozman, Talbot Co., Md. (Town, county, and state)	Bue to
10. Usual occupation. Waterman	Due to
11. Industry or business	
Issac Holland  13. Birthplace Bozman, Talbot Co., Md.	Other conditions Chronic Nephritis.
	Chronic Prostatism. (Include pregnancy within 3 months of death)
14. Maiden name Sarah Moody 15. Birtholace Bozman, Talbot Co Md.	Major findings of operations.
15. Birthplace Bozman, Talbot Co., Md.	Date
16. Informant Ida F. Holland	Autopsy results
Address Bozman, Talbot Co., Md.	PHYSICIAN: Please underline the cause to which death should
Burial Burial Bate thereof June 16,1948  (Burial, cremation, or removal. Which?)  Cemetery or crematory Bozman Cemetery	22. VIOLENCE: It death was due to external causes, till in the followard for the fol
Bozman, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Newnam & Harrison	Means of injury injured a
18. Funeral director	Polo sul R.
Address St. Michaels, Ma.	23. SIGNATURE A COCKI H. ISMUE
19 June 14 1846 les Pely h. Della	St. Michaels, Maryland

City or town Bozman (If outside city or town limits,	write RURAL and give ne	earest town)
Street No		
2.(a) It veteran, name war.		
	0 (1) 0 110 1	21 1
	3. (b) Social Security	Number
MEDICAL CE	RTIFICATION	
20. DATE OF DEATH. June 15	2, 1948	7:30 A
21. I CERTIFY that death occurred on the date above May 3, 14	stated; that I attended deco	eased from
and that I last saw h. im. alive on June		
Immediair cause ol death		DURATION
Chronic Myocardit	LS	3 years
Due to		
Due to		
<i>C</i>		7 ***
Other conditions Chronic Neph	ritis.	o year
Chronic Prostatism	onths of death)	5 year
Major findings of operations.		
Autopsy results PHYSICIAN: Please underline the cause to which		statistically.
22. VIOLENCE: It death was due to external cause	es, till in the following:	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (whe	re?)	
Means of injury	Injured at work?	ξ.
23. SIGNATURE Robert H.	Brink, M	4. D.
Address St. Michaels, Ma	ryland Nate Signed	or other 3/14/48

important.

especially PLAINLY

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JUN 16 1948

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibli

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

City or town (If outside city or town limits, write RURAL and give nearest town)  Who ling in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County  City or town (1f outside city or town limits, write RURAL and give nearest town)  Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex   5. Color or face   6.(a) Sipple, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH MARK 78 18.7 P
8. (b) Name of husband or wife Charles 8. (c) If alive, give age 69 years  1. Birth dato of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  1. Birthplace Months Days If less than one day  1. Company of the country of the	and that I last saw hely ally on
12. Name	Other conditions
Address  17. (Burial, cremation, or removed, Which?)  Cemetery or crematory  Location  18. Funeral director  Address	22. VIOLENCE: If death was due to exfernal causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director Alles Clark.	Helling & Kuman

JUL 8 1948

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ne correct age

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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6538

Reg. Dist. No. 290

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Luck	5 / 17
City or town	State Many Gounty County
(If outside eit or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? They	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or statet address where down occurred:	Street No.
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME  Thedrick James Marine.	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. Swagerd	A P
	20. DATE DE DEATH. JULY 5 19 78 21 C.5 F.
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Moderales > 3 1880	Immediate cause of death
8. AGE: Years Months Days If less than one day	P
69 7 3hrsmin.	Coronary Occusion ormed
Deschile Center Mary had.	
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation. Raleman.	Due lo
11. Industry or business	
12 Name Wellin Horns.	Dther conditions
w 2. 10 · · ·	(Include pregnancy within 3 months of death)
# 14. Maiden name.	Major findings of operations
15. Birthplace Many Call.	Date of op.
A. 1.0/70 701.00	
16. Informant	Autopsy results
Address V. Marson W. Carlon . and land	
Bear 8 1048	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Sories There	Where did injury occur?
Cemetery or crematory	
Location Salting	Injured at home, farm, industry, public place (where?)
18. Funeral director Allen Back.	Means of Injury Injured at work?
10. Funeral unitation	1. Allettan) 71.8
Addres Casley - Office	23 SIGNATURE TOUS UINCUMUS MUSINS
lake us / All Morour	M. D. or other
19	Address Zastrulad   Date signed 6 - 148



JUN 15 1948

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

The state of the s	
1. PLACE OF DEATH: +	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
County Tolerand	State maryland county Tallet
City or town	1 b
How long in above hace of death?	(If outside city or toon limits, write RURAL and give nesrest town)
Memorial Dissoltal	Sireet No(If rurs), give LOCATION)
How long is hospital or institution?	2.(a) If veteran, name war
3. (a) PULL NAME John Mc/Cord.	3. (b) Social Security Number
4. Sex Scolor or race 6.(a) Single, mayied, wildowed, or divorced	MEDICAL CERTIFICATION
male White Widower	20. DATE DF DEATH. 6 - 18-48 19 21 4 9
6,(b) Name of husband or wife and phine Mash Mc Cord	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	19 4 6 , to 6 1 9 19 4 8
7. Birth date of deceased (mo., day, yr.) Payar ch 8 1992	and thet I tast saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
76min.	Zyenia 3 days
9. Birthplace Pennsylvania	Due to
10. Usual occupation Sister and	Carcon of protein 4 yrs
0.7.	Due to
11. Industry or business	
12. Name John D. McCord  13. Birthplace Nermont	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name annie Gley 15. Birthplace Pennsylvania	Major findings of operations
	Date of op
16. Informant me real me corg - son	Autopsy results
Address 1242 34th St NW. Washington A	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Borial, cremation, or removal, Which?)  [Borial, cremation, or removal, Which?]  [Borial, cremation, or removal, Which?]	Accident, euicide, or homicide
Gemelery or cremetry	Where did injury occur?
Location Patrick Pa	tnjured at home, farm, industry, public place (where?)
18. Funeral director A Selles Gloy R	Meene of injury Injured at work?
Address Caslon Md.	13 P 20 D
AUDIESS ALL MALL MALL MALL MALL MALL MALL MAL	23, SIGNATURE M, D, or other
19. (Date red d by registrar)  19. (Date red d by registrar)	Address Date signed 6/18/49

VS A15

JUN 24 1948

PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

6540

# CERTIFICATE OF DEATH

og, Diat. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	State Maryland County Tally
City or town (If outside city or town limits, write RURAL and after nearest town)	Mariel Cake
How loss in above place of death?	(If or lown
Hospital Wallbutton, or street address where death occurred:	Street No.
Huraus from Jim	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harriett McDonal	7 one
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale white Widow	20. DATE OF DEATH LINE 9 1948 21 4:25-P
Million in Ma Ita	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband or wite	4 pu 18 48 10, 9 face 19 48
7, Birth date of	and that I last saw h & alive on 9 frue 18 48
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate cause of death House are house un DURATION
8. AGE: tears Months Days It less than one day	Mu gartes - nitutaial
90 4 219hrsmin.	tent
9. Birtholace Wiscousia	Que to Car eminera y the colon
(Town, county, and state)	
10. Usual occupation Landsenge	Due to
11. Industry or business	
	Other conditions Ryper teur mei astriis chi uni
12. Name Led Hand	
# Marken aran!	(Include pregnancy within 3 months of death)
14. Maiden name Missuran  15. Birthplace 7 F. Th	Major findings of operations. Chesus and flu .
≥ 15. Birthplace	Colan Date of op. Au 48
16. Interment hus lawa of change	Antopsy results.
Address Kangal Cake Md.	PHYStCIAN: Please underline the cause to which death should be charged statistically.
13.1.1	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory I wet believed	Where did Injury occur?
Al Michell The	Injured at home, farm, Industry, public place (where?)
Location	Meens of Injury Injured at work?
18. Funeral director	7/1/
Address Caston / Maryand.	23 SIGNATURE / Keus from Names are hi Cl
(6/10 10 49 1/24. NOONILS)	M. D. or other
(Date rec'd by registrar)  Registrar	Address Date signed Date signed

JUN 15 1948

Date signed 6/24/48

# asmelia 6/15 ..

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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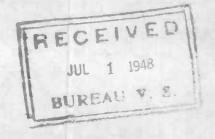
# CERTIFICATE OF DEATH

			2		_
leg.	Dist.	No.	2	7.	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infinite give residence of mother)  State. MARMARD County Cre. in C
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, of street address where death decurred:	Street No.
How long in habital or institution?	(1f rural, give LOCATION)  2.(a) It veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Harry Illiles	
4. Sex 5. Color or race U 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION ED 7
Male Glack Jingle	20. DATE OF DEATH June 23 1948 10:20 A
6.(b) Name of husband or wife	21. I CERTIFY that death orgurred on the date above stated; that I attended deceased trom
	June 15- 19 48, to June 2 3 19 48
7. Birth date of deceased (mo., day, yr.) February 24, 1923	and that I last saw h. A
8. AGE: Years   Months   Pays   If less than one day	Immediate cause of death
25hrsmin.	
9. Birtholack leave Deule . Fund	meta Pklebothromborie ikac?
(Town, county, and etnte)	
10. Usual occupation	Due to
11. Industry or business	
12. Name Perke Miles  13. Birthplace Faile	Other conditions
	(Include pregnancy within 3 months of denth)
14. Maiden name Ma Historia	Major findings of operations Inflamation of gold blasker
E 15. Birthplace Marcyland	Chronic affendentia Date of op June 17,19:
16, Informant Mero Selen History	Antopsy results.
Address Bol. Seerter Zuel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 13 Served Date thereof 26-6-48	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremature of the company	Where did injury occur?
Location Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Line and Marine State Stat	Meens of injury Injured at work?
Address A Deseton Sul.	Comes Dellacht
6/24 US nell monders	23. SIGNATURE M. D. or other
19. (Date zec'd by registrer) Registrar	Address Caston, Md. Date signed 6/24/4.

Address.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



BINDING

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MARGIN

(Date rec'd by registrar)

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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E OF DEATH	Reg. Diat. No	290
2. USUAL RESIDENCE (HOME) (For newborn infants give residence Stale Marylland City or town of the country of th	of mother) -	est town)
Street No.	rive LOCATION)	****
2.(a) If veteran, name war		V
A	3. (b) Social Security N	
	219-01-1	897
7,1	CERTIFICATION	• •
2D. DATE OF DEATH. June		
21. I CERTIFY that death occurred on the date	19 4 to 6	199
Immediata cause of death		DURATION
Crihozi G		340
Due to		**************
Dther conditions		
(Include pregnancy within		
major nodiags of operations.		
Autopsy results	which death should he charged s	tatistically.
22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date of	

admites 6/148 CERTIFICA 1. PLACE OF DEATH County Ich 1001 Hoepital, institution, or street address, where death How long in hospital or institution? 3. (a) FULL NAME 4. Sex 5. Color or race 7. Birth date of deceased (mo., day, yr.) Months Day tf less than one day 8. AGE: Yeare (Town, county, and atate) 1D. Usual occupation..... 11. Industry or business 13. Birthplace 15. Birthplace Address uce 10,1 Date thereof. (month) (day) (year) Cemetery or crematory. Location 18. Funeral director Addrese

23. SIGNATURE.

Meane of Injury

Injured at home, farm, Industry, public place (where?) .....

M. D. or other

injured at work?

Registrar

Date signed 6/4/48

JUN 15 1948

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Carrelio	r	

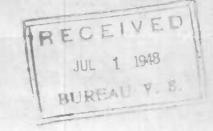
2411 N. Charles St., Baltimore

186a

# CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? J. O. days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addiess where death occurred:	Street No.
memorise Haspital	(If rural, give LOCATION)
How long in hospital or politution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ellaryn northan	
4. Sex 0 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF DEATH 24 June, 1948 1948 216 a. N
Hoton May Oslowan	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
6.(b) Name of husband or wife. 17.0 XV. 11. 12. 12. 12. 12. 12. 12. 12. 12. 12	14 June 1948 10 240 cm 1878
7. Birth date of School	and that I last saw h. Mag. alive on 24 Scare 1948
deceased (mo., day, yr.) Fellwary 14, 1811	Immediate cause of death, DURATION
8. AGE: Years Months Days If less than one day	Q, , , , , , , , , , , , , , , , , , ,
hrsmin.	flooding yes celled to believe. My
9. Birthplace Onancock, Virginia	Due to
No tive (Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business 1) 11. Vialoga Va Candy milest.	f. f
12. Name Vhomas a. Mulham  13. Dirthplace Vii ginia	Other condition to style for the style of th
	(Include pregnant within 5 months of death)
14. Malden name Venetta Hinman  15. Birthplace Viiginia	Major findings of operations
= 15. Birthplace Juginea	Date of op.
16. Informani Mu Chomeix a horthum	Autopsy results
Address Bay Way Park: Bradenton Florida	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was the to external causes, fill in the following:
17	Accident, suicido, or homicide CCCA Date of Date of
Cemetery or crematory Mt. OX: Va	Where did injury occur?
Location St. Michaels md.	Injured at home, farm, industry, public place (where to the first farm)
7/2 10 700 1	Meens of Injury Injured at work?
18. Funeral director.	1.70 10
Address St. Michaels Ind.	23. SIGNATURE My & Vancel land.
18 6/25 18 48 MH. NeVIUS	80 8 11 1 M, D. or other
(Date ree'd by registrar) Registrar	Address Date signed



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 292

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex 5. Color or race 6.(a) Shell, parried, wildowed, or divorced	MEDICAL CERTIFICATION
6.(b) Name of husband or wile. Hency. Gleated  6.(c) 11 alive, give age. 4.5. years  7. Birth date of deceased (mo., day, yr.) But. 20, 1907	20. DATE OF DEATH.  21. I CERTIFY that death occurred on the date above stated; that t altended deceased from  19. #C. 10. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace Town, county, and state)  10. Usual occupation.	Oue to.
12. Name	Other conditions
Address  Date thereof. (month) (day) (year)  Cemetery or crematory  Location	Actopsy results.  PHYStCIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If deafh was due to external causes, fill in the following;  Accident, suicide, or homicide
19. 6 23 19.48 Mercus Registrar	23. SIGNATURE M. D. or other  Address Carpen May land Dale signed 22 prime 48

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

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JUN 28 1948

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VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Son especially important. Physicians: plea

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

6545 Rog. Dist. No. 290

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County Lallat 200	State Maryland County Fallst
City or town Zac Land (If outside city or own limits, write RURAL and give nearest town)	Gr A.
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Memorial desiration of street awaress where death declared:	Street No. 116 Pleasant St.
How long in hospital or distitution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jarob Raikes	3. (0) Social Security Rumber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION EDT
male black married	20. DATE OF DEATH / G. Ques 18 48 at la a. M
(b) Name of husband or wife Ruth Railes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	5-26 19 FP, to 6-16 19 48
Birth date of Section 1 Se	and that I last saw h. Lann. alive on 6 - 16 19 48
deceased (mo., day, yr.)  8 A.C.F. Years   Months   Days   If less than one day	Immediate cause of death
0. 11011	
6 & yrs. A A A A +	Depostale Tremona 24ho
9. Birthplace Jalvos County	Due to
Clown, county, and state)	Type tieve Cardio vascular
10. Usual occupation	Due to Aprease with constant
11. Industry or business	failuge. I conte
12. Name Jacob Traffee  13. Birthplate Lalbot Co. Maruland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Clementine Joshua  15. Birthplace St. Michaels, Md.	Major findings of operations.
15. Birthplace It Michaels. md.	Date of op.
16. Informant Parth Paileir	Aotopsy resulta
£ + 100 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Gaslow, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory Pichards	Where did injury occur?
F	Injured at home, tarm, Industry, public place (where?)
Location XST 9 Y A	Means of Injury Injured at work?
18. Funeral director	
Address / Saolou Ma.	as SIGNATURE Q. T. B. Combiler
6/17 48 MR. neurus	23. SIGNATURE M. D. or other
(Date rec's by registrar) Registrar	Address Caston My Date signed by 17/49



PLEASE WRITE PLAINLY, 1 is especially

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correct age

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartes St., Baltimore

96

# Reg. Dist. No. 294

6546

# CERTIFICATE OF DEATH

CERTIFICAL	Reg. Dist. No.
1. PLACE OF DEATH:  County  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newhorn infants give residence of mother)  State  County  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war  3. (b) Social Security Number
Bernerd VINCENT Rich	213-10-0388
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married  Married  Married  Machine  Machine	MEDICAL CERTIFICATION  2D. DATE DF DEATH JUNE 30 1948 at C/IP M  21. I CERTIFY that doubt occurred on the date above stated; that f attended deceased from
6.(6) Name of husband or wife	and that I tast saw h ative on ts  Immediate cause of death DURATION  Ruftere Kortu anourgs y much
9. Birthplace	Due to
13. Birthplace  14. Maiden name heavy nextures  15. Birthplace helked  16. Informant has been a visoroles	(Include pregnancy within 3 months of death)  Major findings of operations
Address  17. Surial Date thereof (month) (day) (year)  Cemetery or crematory Pock Hall Ind	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director. Newnam & Harrison  Address Af michaelo. Ind.  19. (Date rec'd by registrar)  Registrar	Means of Injury  Injured at work?  23. SIGNATURE & Mais O. Mucky MD. D. or other  M. D. or other  Address Mastron Date signed 48

Unknown if syphilitie - Dr. Welty 7/20/48

RECEIVED

JUL 7 1948
BUREAU V. S.

# he cornect age PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I is especially important. Physicians: please write the causes of death clearly and leg

FOR BINDING

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MARGIN

PLEASE

(Date pec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH 940

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

8. AGE: Years Months Days It less than one day    Months   Days   It less than one day	1. PLACE OF DEATH  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or town limits—rite RURAL and give nearest town)  Streel No.  (If rural, give LOCATION)  2.(a) If veleran, name war.
4. Sex 5. Celor or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wile 7. But half allered deceased from 7. But hal	0 11 /2.1	3. (b) Social Security Number
Burthplace (Town, county of sector)  9. Birthplace (Town, county of sector)  10. Usual occupation (Town, county of sector)  11. Industry or business  12. Name (Include pregnancy within 8 months of death)  13. Birthplace (Include pregnancy within 8 months of death)  14. Maiden name (Include pregnancy within 8 months of death)  15. Birthplace (Include pregnancy within 8 months of death)  16. Informant (Burtal) (Please auderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Date of  Where did injury occur?	6.(b) Name of husband or wite	20. DATE OF DEATH 19.48 at 3 2 3 2 M  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47, to 9-18.48
14. Maiden name  15. Birthplace  16. Informant  Address  17. Date thereof (month) (day) (year)  Date thereof (month) (day) (year)  Where did Injury occur?	8. AGE: Years Months Days It less than one day	Due to.  Other conditions  Duration  Duration
Injured at home, farm, Industry, public place (where?)  18. Funeral director, Ballows Back.  Address Salar Mar.  23. SIGNATURE.  M. D. or other	14. Maiden name  15. Birthplace  16. Intermant  Address  17. (Burial, cremation, or removal. Which?)  Cemetery or crematory.  Location  18. Funeral director	Major findings of operations

JUN 15 1948

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County  City or town. (If outside city or town limits, white RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME Berlie Barned Lewell	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION  2D. DATE OF DEATH 19 48 at 18
6.(b) Name of husband or wife	and that I last saw the alive on the same of the same
12. Name 12. Name 13. Birthplace 14. Maiden name 14. Maiden name 15. Birthplace 15. Birthplace 16. Birthplace 17. 18. Birthplace 17. 18. Birthplace 17. 18. Birthplace 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	Other conditions
Address Guesst St. Beston, Iss.  13. Bushel Bate thereof. June 4 1948	Autopsy results.  PHYSICIAN: Please onderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)  Cemetery or crematory  Location	Where did Injury occur?
Addres 19. Addres 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	23. SIGNATURE GULA COM. D. of ogher Address Date signed 5/48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. It is especially important. Physicians: please write the causes of death clearly and legi

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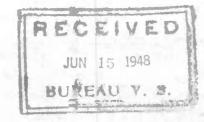
JUN 8 1948

2411 N. Charles St., Baltimore

6549

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)
City or town. [It staide eity or town limits, write RURAL and give nesrest town)	State Mary and coupy Talbat
	Cily or lown
How long in above acce of death?	(If outside eity or town limits, write RURAL and give nearest town)
MEMORIAL HOSENTAL	Street No
How logon hospital or institution? 13 days	2,(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Wallace C. Tilghman	o. (o) becan becamy number
4. Sex 5. Color or race 6.(a) Single, married, widoweld, or divorced	MEDICAL CERTIFICATION , ED 7
Male Block Single	20. DATE OF DEATH & M. C. LO 19 48 21 8; 15 A: N
	21 I CERTIEV that deal procurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wite	5- 24- 10 48 to 6-6- 1948
7. Birth date of	and that t last saw h
deceased (mo., day, yr.) - UN. 29, 1903	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
44 11 8hrsmin.	Enesphalitis, type not 5-/22/48
Royal Oak	Que to della
9. Birihpiace	
1D. Usual occupation. FPBM LABOR	. Que to
11. Industry or business	
12. Name CHOS. B. J. S. H. Manard	Dither conditions
12. Name CHOS. DUGHINGAL  13. Birthplace BOYBL CBS	
	(Include pregnancy within 8 months of death)
14. Maiden name J. M.	Major hudings of operations.
16. Informant Darvey S. Thomas - Friend	Autopsy results.
Address 7.	PHYSICIAN: Please underline the esuse to which death should be charged statistically.
11-1-4	22. VIOLENCE: It death was due to external causes, till in the tollowing:
(Buriat, eremation, or removat. Which?)  Date thereot. (mgoth) (gay) (year)	Accident, suickle, or homicide
Cemetery or crematory Deanisand Concer	(City or town) (County) (State)
Location Easter md. R.D.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Va + W. J. Canvery	M P I A
Address Caslan, and	23. SIGNATURE M. D. or other
10 6/2 1048 / A. Merrus)	
(Date reals by varietrer)	Address Date signed



#### 2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

600				
	Reg.	Diat.	No. 294	4.

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Talbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residenes of mother)
Cliy or town. Claiborne (If outside city or town limits, write RURAL and give nearest town)  How long In above piace of death? 20 yrs.  Hospital, Institution, or street address where death occurred:	State Maryland County Talbot  City or lown Claiborne  (If outside city or town limits, write RURAL and give nearest town)  Sireel No.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Sallie T Washburn  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widow	20. DATE OF DEATH. June 6, 1948 20:15A m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 2, 148 June 6, 19 48  and that I last saw er alive on June 6, 19 48  Immediate cause of death Carcinoma of the Liver. 6 mon.
9. Birthplace St. Michaels, Talbot Co., Md.  (Town, county, and attate)  10. Usual occupation. House Wife	Due to Carcinoma of the rectum. 1 year
11. Industry or business    Industry or business   12. Name	Other conditions
Ma Daniel Wa	Major fiedings of operations
14. Maiden name Helen D. Kemp  15. Birthplace Mc. Daniel, Md  16. Informant Mrs. Earle Kemp  Address Mc. Daniel, Md.	Astopsy results.  PHYSICIAN: Please ouderline the cause to which death should be charged statistically.
Burial Daie thereot June 8, 1948  (Burial, cremation, or removal, Which?)  Cometery or crematory Christ Church Cometery	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
tocation St. Michaels, Md.	Injured at home, tarm, industry, public place (where?)
18. Funeral director. Newnam & Harrison  Address St. Michaels, Md.	Masens of Injury  Injured at work?  Robert H. Brink M. D.  M. D. or other
19 Marie ree'd by registrar) 19 18 G. Westley Servelly. Registrar	Address St. Michaels, Md. Date signed 6/7/48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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JUN 17 1948